



Receipt

PATENT
Attorney Docket No. 214678

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: BAHL

Application No. 10/014,104

Filed: December 11, 2001

Group Art Unit: 2664

Examiner: Not Known

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Technology Center 2600

For: CHANNEL ACCESS SCHEME FOR USE IN NETWORK COMMUNICATIONS

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents
U.S. Patent and Trademark Office
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

CERTIFICATE OF MAILING	
I hereby certify that this REQUEST FOR CORRECTED FILING RECEIPT (along with any documents referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, U.S. Patent and Trademark Office, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231, on the date indicated.	
Date:	4-04-02 <i>Maya Smith</i>

Dear Sir:

Applicant respectfully requests that a corrected version of the Official Filing Receipt be issued for the above-identified patent application. Please change the domestic priority data to read:

THIS APPLICATION IS A CONTINUATION OF 09/169,418 10/09/1998

because this application is a continuation and not a divisional.

Please enter the correction as noted on the enclosed copy of the Official Filing Receipt dated 01/04/2002.

Respectfully submitted,

Phillip M. Pippenger, Reg. No. 46,055
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Date: April 4, 2002



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/014,104	12/11/2001	2664	824	214678	10	16	4

 23460
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 CHICAGO, IL 60601-6780


CONFIRMATION NO. 5095

FILING RECEIPT



OC000000007265730

Date Mailed: 01/04/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Paramvir Bahl, Issaquah, WA;

Assignment For Published Patent Application

Microsoft Corporation, Redmond, WA;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A ~~NEW~~ OF 09/169,418 10/09/1998

CONTINUATION

Foreign Applications

If Required, Foreign Filing License Granted 01/03/2002

Projected Publication Date: 04/11/2002

Non-Publication Request: No

Early Publication Request: No

Title

Channel access scheme for use in network communications

Preliminary Class

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PAT/TM Due Date

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Bib Data Sheet

CONFIRMATION NO. 5095

SERIAL NUMBER 10/014,104	FILING DATE 12/11/2001 RULE	CLASS 370	GROUP ART UNIT 2664	ATTORNEY DOCKET NO. 214678	
APPLICANTS Paramvir Bahl, Issaquah, WA; ** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/169,418 10/09/1998 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/03/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
ADDRESS 23460					
TITLE Channel access scheme for use in network communications					
FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		